



The Department of Military Affairs and Public Safety
OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2nd Floor
Charleston, WV 25301

APPLICATION FOR WEST VIRGINIA STATE PERMIT TO SELL EXPLOSIVES 2007-2008

CLASSIFICATION: EXPLOSIVE DEALER – STATEWIDE

OFFICE USE ONLY: PERMIT NO.: _____

TYPE OF EXPLOSIVES: _____

Applicant Name: _____

Business is: _____ Individually Owned _____ Partnership _____ Corporation (Attach list of partners or officers)

Business Address: _____
_____ County: _____

Business Phone: (____) _____ **Fax:** (____) _____ **e-mail:** _____

WV Tax ID Number: _____ **Business Lic. No.:** _____ **ATF Permit:** _____

Business Insurance: _____ **Policy No.:** _____ **Coverage:** \$ _____

Business Located in: _____ Residence _____ Commercial Building _____ Other : _____ (specify)

Responsible Individual in WV: Name: _____

Address: _____

Phone: _____ **DOB:** _____ **SSN:** _____

Types of Explosives to be sold: _____

Please be aware that a separate storage permit is required for any overnight storage of explosives.

Is the applicant currently or has been in the past under felony indictment ? _____ yes _____ no

Is the applicant currently or has been under federal investigation ? _____ yes _____ no

This document is a governmental record. Individuals who knowingly make a false entry in a governmental record are subject to criminal prosecution and revocation of any and all state explosive permits. I hereby certify that I have answered all questions truthfully to the best of my knowledge. All provisions of local, state and federal laws and ordinances governing explosives will be complied with whether specified or not.

Applicant Signature: _____ **Date:** _____

For office use only: Permit _____ approved _____ disapproved by _____

